Pecyn dogfennau cyhoeddus

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:
Ystafell Bwyllgora 1 – Y Senedd

Dyddiad:
Dydd Iau, 29 Tachwedd 2012

Amser:
09:15

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

I gael rhagor o wybodaeth, cysylltwch â:

Polisi: Llinos Dafydd
Clerc y Pwyllgor
029 2089 8403
PwyllgorIGC@cymru.gov.uk

Agenda

1. Cyflwyniad, ymddiheuriadau a dirprwyon

2. Ymchwiliad i'r gwaith o weithredu'r fframwaith gwasanaeth cenedlaethol ar gyfer diabetes yng Nghymru a'i ddatblygiad yn y dyfodol – Tystiolaeth lafar (09.15 – 12.25)

Y Grŵp Cynghori Arbenigol Cenedlaethol ar Ddiabetes ac Endocrinoleg (09.15 – 10.15) (Tudalennau 1 – 4)
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Dr Phil Evans, Cadeirydd
Dr Mike Page, Cadeirydd, Cymdeithas Endocrinoleg a Diabetes Cymru
Julie Lewis, prif nyrs diabetes arbenigol Cymru
Yr Athro Stephen Bain, Cadeirydd, Rhwydwaith Ymchwil Diabetes Cymru

Gwasanaeth Sgrinio ar gyfer Retinopathi Diabetig Cymru (10.15 – 10.45)
(Tudalennau 5 – 6)
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Yr Athro Richard Roberts

Egwyl 10.45 – 10.55

Coleg Brenhinol Nyrsio Cymru (10.55 – 11.35) (Tudalennau 7 – 11)
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Lisa Turnbull, Cynghorydd Polisi a Materion Cyhoeddus
Nicola Davies-Job, Cynghorydd Gofal Aciwt

Swyddogion Llywodraeth Cymru (11.35 - 12.25) (Tudalennau 12 - 19)
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David Sissling, Cyfarwyddwr Cyffredinol, Iechyd, Gwasanaethau Cymdeithasol a Phlant
Dr Chris Jones, Cyfarwyddwr Meddygol GIG Cymru a'r Dirprwy Brif Swyddog Meddygol

3. Cynnig o dan Rheol Sefydlog 17.17 i sefydlu Is-bwyllgor i gymryd tystiolaeth ar y Rheoliadau Mangreoedd etc.- Di-fwg (Cymru) (Diwygio) 2012 (12.25 - 12.30) (Tudalennau 20 - 22)

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Bod y Pwyllgor yn penderfynu, o dan Reol Sefydlog 17.17, sefydlu is-bwyllgor i gymryd tystiolaeth ar Reoliadau Mangreoedd etc. Di-fwg (Cymru) (Diwygio) 2012; mai cylch gwaith yr is-bwyllgor hwnnw yw cymryd tystiolaeth, ar yr un pryd â'r is-bwyllgor a sefydlwyd gan y Pwyllgor Menter a Busnes ar Reoliadau Mangreoedd etc. Di-fwg (Cymru) (Diwygio) 2012. Bydd yr is-bwyllgor yn ceisio cytuno ar gynnwys adroddiad a lunnir ar y cyd â'r is-bwyllgor a sefydlwyd gan y Pwyllgor Menter a Busnes er mwyn llywio trafodaethau'r Cynulliad ar y rheoliadau. Bydd yr Is-bwyllgor yn cael ei ddiddymu unwaith y bydd y Cynulliad wedi trafod y rheoliadau yn y Cyfarfod Llawn;
bod aelodaeth yr is-bwyllgor yn cynnwys Mark Drakeford AC, Vaughan Gething AC, Elin Jones AC, Darren Millar AC a Lynne Neagle AC, gyda Mark Drakeford AC wedi'i ethol yn Gadeirydd.

4. Papurau i'w nodi (Tudalennau 23 - 26)

Cofnodion y cyfarfodydd a gynhaliwyd ar 15 & 21 Tachwedd.

GIG CYMRU NHS WALES
Grwpiau Cynghori Arbenigol
Cenedlaethol Diabetes ac Endocrinoleg
Diabetes and Endocrinology
National Specialist Advisory Group

Chair: Dr Philip Evans MD FRCP

Diabetes Centre
Royal Glamorgan Hospital
Ynysmaerdy
LLANTRISANT
CF72 8XR

12 September 2012

Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
CARDIFF
CF99 1NA

Dear Sir/Madam

Diabetes is a chronic condition affecting approximately 5% of the population (9.1% aged 16 or over). Type 2 Diabetes is linked to social deprivation and its prevalence continues to increase each year (estimated 5.2% increase per annum) due to its association with obesity (Wales has the third highest childhood obesity rate in the world), and the increasing age of the population.

The Diabetes National Service Framework (NSF) was launched in 2003 to improve the standard of care for individuals with Diabetes and implementation was due to be completed by 2013. There are 12 standards – see Appendix 1. Whilst there has been some progress against these standards there is still much to be done. The following issues have impaired progress:-

Failure to Replace Central Co-ordinator for Welsh Government

We do not know the current National picture because the last Diabetes NSF National Implementation Progress Review (demonstrating inadequate progress) was undertaken by Mrs Helen Husband (Welsh Government Lead Co-ordinator for Diabetes & Vascular Disease) in August 2009 (summary copy enclosed). Mrs Husband's seconded post with Welsh Government came to an end in 2010, and to date there has been no replacement. As a consequence there has been no single person with the required knowledge whose primary responsibility is to co-ordinate all matters pertaining to Diabetes within Welsh Government. The nature of Diabetes is such that it has relevance for most, if not all Welsh Government Departments, not only in the health sphere where it is the most common cause of blindness (working age population), amputation and end stage renal disease, and is a major cause of cardiac disease and stroke, but also departments of education, planning and transport to name but a few. This role and an appreciation of the clinical condition is crucial to co-ordinate the multi-departmental work relating to Diabetes within Welsh Government. The importance of this role, and the problems caused by its absence have been highlighted by the Diabetes National Specialist Advisory Group (NSAG - previously called All Wales Diabetes Forum) before the post was terminated and several times each year since then. It was also highlighted by the Diabetes Task and Finish Group (2011) Chaired by Professors Keen and Alberti from England.

Opportunities Lost by Inadequate Information Technology

A lack of current reliable data added to a failure to collate data already submitted from Health Boards has led directly to an inability to understand the current state of implementation of the Diabetes NSF in Wales. The lack of a National integrated patient management system cannot be underestimated.

In Scotland there has been an integrated Diabetes patient management system for over 10 years. This links primary and secondary care data, facilitates efficient and effective patient management by provision of timely information in acute or community settings, reduces duplication, enables medicines management and the measurement of hard clinical outcomes. It facilitates participation in the UK National Diabetes Audit (NDA), and allows for a local and national view on the progress of the Diabetes NSF.

In England NHS Diabetes have employed an external company (INNOVE) to prepare an annual report on the progress of Diabetes Services across the country. It combines data from a self assessment tool undertaken locally by primary and secondary care, QOF, and the NDA to produce an annual local and national report. The NSAG, with Welsh Government and INNOVE agreement, developed and circulated a modified self assessment questionnaire to replace the quarterly Welsh Government Diabetes Report. The NSAG negotiated a free 12 month trial of data compilation by INNOVE to produce a live report on the Diabetes Service in Wales, similar to the material produced in England but this was not progressed by Welsh Government.

Inadequate and Patchy Structured Diabetes Education Provision

Another key requirement of high quality Diabetes care is patient empowerment, and patient education is a pre-requisite for this. A paper reviewing the provision of Structured Diabetes Education across each Health Board in Wales was submitted by the Diabetes NSAG to Welsh Government in October 2011. The position is poor with only 2.7% of the Type 1 and 1.4% of the Type 2 Diabetic population able to access Structured Diabetes Education over the 12 month period 2010-2011. This issue has been subject to NICE guidance but has yet to be prioritised by Welsh Government or delivered by Health Boards across Wales. Health Boards have recently been asked to comment on this paper by the patient group, Diabetes UK Cymru.

Retasking and Failure to Replace Existing Service

The constriction of resources at a time when the prevalence of Diabetes continues to increase is also a significant challenge to the successful implementation of the Diabetes NSF. For example the recent in-patient audit revealed that 16-17% of acute beds across Wales are currently occupied by patients with Diabetes (higher in rehabilitation settings). The ability of hospital Diabetic Teams, in particular Diabetes Specialist Nurses (DSNs), to undertake their core duties in the face of an increasing number of in-patients is a particular concern. Vacant DSN posts are being frozen and Specialist Nurses are being asked to undertake general nursing duties on the wards. This is on a background of seeking to increase community diabetes nursing expertise, within current establishment, to promote the 'Setting the Direction' agenda. None of this is conducive to delivering the standards demanded by the Diabetes NSF by 2013.

There is clearly much work to be done to fully implement the Diabetes NSF, although the exact amount remains to be quantified. The Welsh Government has recently requested that the Diabetes NSAG submit a provisional Diabetes Delivery Plan for Wales up to 2016. This has been completed and submitted (copy available if required) but a suggested "must do" is to complete the implementation of the Diabetes NSF. This is currently being considered by Welsh Government. An

integrated Diabetes Patient Management System will be key to the successful implementation of both the NSF and Diabetes Delivery Plan particularly when faced with reducing resources. This has been accepted by Welsh Government and NWIS but will also require implementation. The IT system will enable the provision of an integrated individualised care plan which when combined with participation in Structured Diabetes Education will support patient empowerment. All of this needs to be overseen and facilitated by a Diabetes Co-ordinator possessing specialist clinical knowledge of this field, with appropriate infrastructure support and dedicated weekly sessions within Welsh Government.

Yours sincerely

Philip Evans
Chair - Diabetes NSAG for Wales

Appendix 1

1 The NHS will develop, implement and monitor strategies to reduce the risk of developing Type 2 Diabetes in the population as a whole and to reduce the inequalities in the risk of developing Type 2 Diabetes.

2 The NHS will develop, implement and monitor strategies to identify people who do not know that they have Diabetes.

3 All children, young people and adults with Diabetes will receive a service, which encourages partnership in decision making, support them in managing their Diabetes and helps them to adopt and maintain a healthy lifestyle. This will be reflected in an agreed and shared care plan in an appropriate format and language. Where appropriate, parents and carers should be fully engaged in the process.

4 All adults with Diabetes will receive high quality care throughout their lifetime, including support to optimise control of their blood glucose, blood pressure and other risk factors for developing complications of diabetes.

5 All children and young people with Diabetes will receive consistently high quality care and they, with their families and others involved in their care, will be supported to optimise the control of their blood glucose and their physical, psychological, intellectual, educational and social development.

6 All young people with Diabetes will experience a smooth transition of Diabetes care from paediatric to adult Diabetes Services, whether hospital or community-based, either directly via a young people's clinic. The transition will be organised in partnership with each individual and at an age appropriate to and agreed with them.

7 The NHS will develop, implement and monitor agreed protocols for rapid and effective treatment of Diabetic emergencies by appropriately trained healthcare professionals. Protocols will include the management of acute complications and procedures to minimise the risk of recurrence.

8 All children, young people and adults with Diabetes admitted to hospital, for whatever reason, will receive effective care of their Diabetes. Wherever possible, they will continue to be involved in decisions concerning the management of their Diabetes.

9 The NHS will develop, implement and monitor policies that seek to empower and support women with pre-existing Diabetes and those who develop Diabetes during pregnancy to optimise the outcomes of their pregnancy.

10 All young people and adults with Diabetes will receive regular surveillance for the long term complications of Diabetes.

11 The NHS will develop, implement and monitor agreed protocols and systems of care to ensure that all people who develop long-term complications of Diabetes receive timely, appropriate and effective investigation and treatment to reduce the risk of disability and premature death.

12 All people with Diabetes requiring multi-agency support will receive integrated health and social care.

Health and Social Care Committee

HSC(4)-32-12 paper 2

Inquiry into the implementation of the National Service Framework for Diabetes and its future direction - Diabetic Retinopathy Screening Service for Wales

.Diabetes is affecting increasing numbers of people in the UK and the burden of serious complications and their sequelae can be considerable both for the individual concerned and the health service in general. Many aspects of these complications can be limited, even prevented in some instances, with good early management of the condition.

Diabetes healthcare services are delivered by a wide range of professionals, spanning all sectors of the Health Service in diverse locations. Because the outcomes of diabetes care depend on the integrated involvement of so many distributed components of the health services, effective clinical quality performance monitoring poses particular challenges.

The priority is to see services from the patient's perspective and to making changes designed to improve patient experience.

The duty is to provide high quality care in a friendly and supportive environment that recognises respects and protects their rights and dignity and meets their needs in the best ways possible.

Diabetic Retinopathy is the most common form cause of blindness amongst the working age adults in the UK..

Many people will be asymptomatic until the disease is very advanced. After 20 years from onset of diabetes, more than 60% of people with type 2 diabetes will have diabetic retinopathy. In people with type 2 diabetes, Maculopathy is the major cause of vision loss.

The risk of visual impairment and blindness is substantially reduced by a care programme that combines methods for early detection with effective treatment of diabetic retinopathy. The key issue in screening for diabetic retinopathy is to identify those people with sight-threatening retinopathy who may require preventative treatment. Early detection of sight threatening retinopathy and treatment with laser therapy can help prevent sight loss. Currently all eligible people with diabetes aged 12 and over are offered routine, annual screening invitations, based on UK NSC guidance.

Diabetic Retinopathy Screening Service for Wales (DRSSW) was designed as a community based service to give reasonable and equitable access to all eligible

persons with diabetes in Wales. The screening methodology used is specific and sensitive for detecting and grading retinopathy, including maculopathy. The service was commissioned in July 2002 by Welsh Government as part of the Welsh Eye Care Initiative (WECI) risk reduction programme and a vital element of The Diabetes National Service Framework (NSF).Other lesions can be detected and are also referred appropriately. The service operates under the standards set by the UK National Screening Committee (NSC).

Furthermore, diabetes has a predilection for vulnerable and disadvantaged sections of society so it is essential to ensure not to inadvertently exclude those who are not accessing services satisfactorily.

Screening and treatment for diabetic retinopathy will not eliminate all cases of sight loss, but it can play an important part in minimising the numbers of patients with sight loss due to retinopathy.

Every eligible, registered person with diabetes in Wales is invited for retinal screening. The service is community based, delivering from clinics sites that are chosen to allow all patients reasonable and equitable access.

Response from Diabetic Retinopathy Screening Service for Wales

Coleg Nyrsio Brenhinol Cymru
Royal College of Nursing Wales

Response of the Royal College of Nursing in Wales to the National Assembly for Wales Health and Social Care Committee Inquiry into the implementation of the National Service Framework for Diabetes in Wales and its future direction – 21st September 2012

TOR: To examine the progress made on implementing the NSF for Diabetes in Wales across the local health boards and its adequacy and effectiveness in preventing and treating diabetes in Wales. The Committee will also consider potential future actions that are required to drive this agenda forward

ABOUT THE ROYAL COLLEGE OF NURSING (RCN)

The RCN is the world's largest professional union of nurses, representing over 400,000 nurses, midwives, health visitors and nursing students, including over 23,000 members in Wales. The majority of RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing.

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

Background Information

There are 160,000 people with diabetes in Wales. Approximately, 16,000 (10%) have Type 1 diabetes and 144,000 (90%) have Type 2. This equates to 5.0% of the population. 1,373 children and young people have diabetes (97% have Type 1 and 3% Type 2).

There are two main types of diabetes: Type 1 and Type 2. Type 1 diabetes is most commonly diagnosed in childhood or in young adults but can occur at any age. Without insulin the condition is usually fatal and those with diabetes must therefore self-inject insulin. Insulin must be carefully balanced to prevent the blood glucose being too high which raises the risk of life-threatening and disabling complications and to prevent the blood glucose being too low which may cause life-threatening hypoglycaemia. Those with type 1 diabetes must learn these balancing skills themselves.

Type 2 diabetes can progress slowly and with no obvious symptoms. Herein lies one of its grave dangers: at the time of diagnosis, around half of people with type 2 diabetes have unwittingly sustained tissue damage. In cases where blood glucose control is not being achieved through diet, weight control and exercise, treatment with oral medication will commence. Ultimately, people with poor control of their type 2 diabetes will progress to insulin treatment. 20% of people manage on diet and exercise alone. 80% take medication: 50% take hypoglycaemic agents and 30% take insulin.

Diabetes costs NHS Wales £500m each year. This equates to 10% of the total NHS Wales budget. At the current rate of increase in prevalence, it will cost £1bn by 2025. The vast majority of the cost is due to diabetes complications, which account for 80% of the total.

Information from Diabetes UK Cymru

Introduction

RCN Wales welcomes the opportunity to respond to the Committee on this topic. Diabetes is one of the most prevalent chronic conditions in Wales and the benefits that could be achieved from its effective management are significant. This is true whether viewed from the perspective of the release of the general population's capacity resulting from better management or from the perspective of reducing activity and spend of the NHS on responding to higher lever complex need.

We have chosen to briefly outline our view of the most significant areas that need improvement to implement the NSF effectively. We would be happy to expand on these areas in oral or further evidence if requested by the Committee.

Public Health

Prevention Strategies for diabetes need to be designed with and implemented alongside those for cardiac and stroke.

The relationship of poverty to poor public health must be acknowledged in any strategy. Individual choice and responsibility is an important factor but the limits of finance, time knowledge and access to resources (such as healthy food, leisure facilities etc) should be considered. There have been excellent projects looking at healthy families and healthy schools. The RCN has made a number of policy suggestions in this field from ensuring cooking skills are prominent in the curriculum to reducing the levels of salt and sugar in processed food. We are happy to elaborate on these if the Committee is interested. These need to be practical and change habits of a life time. Building on the Olympic successes may encourage children to be active and healthy eating.

How to identify those at risk of diabetes is key to transforming the health of the population. Public health nurses are key. Again this needs to link to other plans Quality Outcome Framework (QOF) and the cardiovascular plans of the Health Boards.

Making Best Use of a Specialist Workforce

RCN Wales is concerned that some Health Boards in Wales are asking Diabetes Specialist Nurses and Paediatric Diabetes Specialist Nurses to return to work on general hospital wards for an increasing part of their working week. This is part of a general move to try to backfill the sickness and maternity cover of ward staff and avoid replacing the posts of the ward staff who leave. Role modelling and teaching is part of the role of the specialist nurse but this policy is leading to patient case load being less well managed, nurse lead clinics being cancelled and people with diabetes not being supported fully. In short the whole financial and patient benefit of employing a specialist nurse is being undermined increasing the reliance on medical consultants and likelihood of an unmanaged patient condition escalating. The work demands of the specialist nurses are not being covered and nurses not being appointed to fill the posts of individuals who have left.

The paediatric diabetes specialist nurses (PDSNs) are actively involved in the problems faced by diabetic children at school and along with school nurses play a large part in the management of diabetes in supporting students and their families. The RCN is concerned by the numbers of patients some PDSNs support. Guidelines suggest PDSA case load is 1 whole time equivalent for 75 children. The RCN has learned that one PDSN in North Wales currently supports over 120 children. The needs for children and their families are complex specifically with the advancement of treatments like insulin pumps which require support for education and increase in cost. We have supplied with this evidence a copy of the 2006 RCN professional guidance on this issue.

Patient Education

The RCN believes that patient education for Type 1 and Type 2 Diabetes is essential to improving Diabetes care in Wales. Currently in Wales delivery of patient education is patchy.

It appears that one particular structured programme is used in Wales at the moment which LHBs must pay to access. This cost, alongside the apparently limited number of professionals which are trained to deliver the education programme, is apparently being used by LHBs as a reason not to deliver patient education in diabetes at all.

The RCN would like to see equitable delivery of a structured education programme across all Health Boards in Wales for people with Diabetes and we would strongly recommend the Committee make detailed enquiry of the LHBs on this issue.

Education for Healthcare Professionals

Education for patients is linked to education for health care professionals. We are particularly concerned as to the advice and support a newly diagnosed person with diabetes might receive from their General Practice. The LHBs should take responsibility and be able to demonstrate the quality of service through healthcare education.

The RCN would like to see accessible education on diabetes for general health professionals from emergency care and unscheduled care through to hospital care, primary care including practice nurses and wider community nurses.

A suggested model to follow is the Stroke-specific education framework which has a mapped pathway of courses available for health professionals at all levels.

Some Health Boards and Welsh Universities have developed local education including e learning material in the safe use of insulin and a Masters Degree modules to up skill clinicians. This should be mapped out in Wales so professionals can see the education needed within their level of practice and work area.

The RCN is currently developing a specific diabetes section within its own learning zone.

It must be recognised that many LHBs have responded to the need for financial savings by refusing to allow nurses and HCSWs access to Continuing Professional Development (their concern being the cost of backfill rather than the training itself). Innovative training methods can assist in reducing this pressure but quality of care requires a commitment to invest in the people delivering the care.

A 'Joined-Up' Service Required

The RCN in Wales would like to see a greater engagement in multidisciplinary and multi organisational working on diabetes. This could prevent wasted duplication of effort and finance and prevent emergencies and even deaths. For example there is currently no joined up system between Welsh Ambulance Service Trust and Hospital or primary care diabetes services. If there is a emergency ambulance call by a person with blood glucose of less than 4 the person maybe treated but no follow up appointment can be booked or education given to prevent a reoccurrence.

Y Pwyllgor Iechyd a Gofal Cymdeithasol

HSC(4)-32-12 papur 4

Ymchwiliad i'r gwaith o weithredu'r Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes yng Nghymru a'i ddatblygiad yn y dyfodol

Pwrpas

1. Mae'r papur hwn yn darparu tystiolaeth ar gyfer ymchwiliad y Pwyllgor Iechyd a Gofal Cymdeithasol i'r modd y caiff y Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes yng Nghymru ei weithredu, a'i gyfeiriad yn y dyfodol.

2. Mae'r papur tystiolaeth yn ystyried:
    - Arweinyddiaeth Llywodraeth Cymru o ran gweithredu'r Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes yng Nghymru;
    - Cyfeiriad ar gyfer gofal diabetes yng Nghymru yn y dyfodol; a
    - Dulliau o gefnogi gofal diabetes drwy weithgarwch ym maes iechyd y cyhoedd.

Cefndir

3. Lansiwyd safonau'r Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes yng Nghymru ym mis Ebrill 2002. Maent yn nodi 12 safon y mae gofyn i'r GIG yng Nghymru eu gweithredu erbyn 2013 (mae rhestr o safonau'r Fframwaith Gwasanaeth Cenedlaethol i'w gweld yn yr atodiad).

4. Lansiwyd y Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes yng Nghymru: Strategaeth Gyflawni ym mis Mawrth 2003. Mae Strategaeth Gyflawni'r Fframwaith Gwasanaeth Cenedlaethol yn gynllun deng mlynedd sy'n nodi amcanion cenedlaethol y gellir barnu perfformiad y GIG yn eu herbyn.

5. Yn 2006, sefydlwyd Grŵp Consensws Cymru Gyfan a oedd yn cynnwys gweithwyr gofal iechyd proffesiynol, rheolwyr a defnyddwyr gwasanaeth sy'n gysylltiedig â gofal diabetes. Cafodd is-grwpiau eu nodi er mwyn datblygu canllawiau ar gyfer pob un o 12 safon y Fframwaith Gwasanaeth Cenedlaethol. Cyhoeddwyd y canllawiau hynny yn 2008.

6. Yn 2006, lluniodd y Sefydliad Cenedlaethol dros Iechyd a Rhagoriaeth Glinigol Ganllawiau Arfarnu Technoleg ynghylch darparu addysg strwythuredig i bobl sydd â diabetes, er mwyn hybu hunanofal effeithiol.

7. Sefydlwyd Grŵp Gorchwyl a Gorffen ar Ddiabetes yn 2010 i ystyried model gwasanaeth integredig ar gyfer gofal diabetes cost-effeithiol â gwerth clinigol uchel ar draws Cymru, sy'n seiliedig ar atal diabetes; trin a hunanreoli diabetes; gofal sylfaenol, cymunedol ac eilaidd; a gwaith sydd

eisoes yn mynd rhagddo ledled Cymru i wella dulliau o reoli cyflyrau cronig. Argymhellodd y Grŵp fodel cydweithio rhwng gofal sylfaenol a gofal eilaidd er mwyn darparu gwasanaethau craidd i gleifion yn y gymuned drwy Glinigau Cymunedol a Fferyllfeydd Cymunedol.

8. Yn 2010, gofynnwyd i bob Bwrdd Iechyd sefydlu Grŵp Cynllunio a Chyflawni ar gyfer Diabetes i ddatblygu a goruchwylio cynlluniau cyflawni lleol er mwyn mapio'r daith tuag at gydymffurfio â'r Fframwaith Gwasanaeth Cenedlaethol erbyn 2013, gan adrodd wrth y Bwrdd ynghylch cynnydd.

Monitro'r Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes

9. Cyfrifoldeb y Byrddau Iechyd Lleol unigol yw casglu gwybodaeth sy'n ymwneud â monitro cynnydd tuag at weithredu'r Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes, ac adrodd yn ei chylch.

10. Rhwng 2003 a 2010, roedd Llywodraeth Cymru yn cael y wybodaeth ddiweddaraf bob chwarter gan y Byrddau Iechyd Lleol am gynnydd o ran gweithredu'r Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes.

11. Cynhaliodd Llywodraeth Cymru adolygiad sylweddol o gynnydd tuag at weithredu'r Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes yn 2010/11. Bu'r adolygiad yn crynhoi'r holl wybodaeth o adroddiadau pob Bwrdd Iechyd Lleol ynghylch cynnydd, a nododd wendidau yn eu prosesau monitro.

12. I fynd i'r afael â'r problemau a oedd yn ymwneud â'r broses fonitro, datblygodd Llywodraeth Cymru offeryn hunanasesu ar gyfer y Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes, ac fe'i dosbarthodd i bob Bwrdd Iechyd Lleol. Yn rhan o adolygiad 2010/11, gofynnodd Llywodraeth Cymru i bob Bwrdd Iechyd Lleol gyflwyno hunanasesiad wedi'i gwblhau er mwyn cael darlun cliriach o gynnydd tuag at weithredu'r Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes ledled Cymru.

13. Roedd yr offeryn hunanasesu hefyd yn cynnwys adrannau er mwyn i Fyrddau Iechyd Lleol fonitro eu cynnydd tuag at weithredu Canllawiau Arfarnu Technoleg y Sefydliad Cenedlaethol dros Iechyd a Rhagoriaeth Glinigol ynghylch addysg strwythuredig i bobl sydd â diabetes, er mwyn hybu hunanofal effeithiol.

14. Yn dilyn yr adolygiad hwn, darparodd Llywodraeth Cymru adborth unigol i bob un o'r Byrddau Iechyd Lleol ym mis Gorffennaf 2011, gan nodi cynnydd a thynnu sylw at faterion yr oedd angen mynd i'r afael â hwy.

15. Ers 2011, mae Byrddau Iechyd Lleol wedi gallu defnyddio'r offeryn hunanasesu i fonitro eu cynnydd tuag at weithredu'r Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes yn llawn erbyn 2013.

16. Yn rhan o broses fonitro ffurfiol, mae Llywodraeth Cymru ar hyn o bryd yn dwyn Byrddau Iechyd Lleol i gyfrif drwy'r mesurau perfformiad a bennwyd ar gyfer rheoli cyflyrau cronig yn effeithiol, a nodwyd yn y Fframwaith Ansawdd Blynyddol.

Gweithredu'r Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes – y sefyllfa bresennol

17. Ym mis Gorffennaf 2011, roedd y modd y caiff y Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes ei weithredu'n amrywio ar draws Byrddau Iechyd Lleol.

18. Tynnodd y broses adolygu sylw hefyd at feysydd gwan cyffredin ledled Cymru o safbwynt gweithredu'r Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes yn llawn, a gweithredu canllawiau'r Sefydliad Cenedlaethol dros Iechyd a Rhagoriaeth Glinigol ynghylch darparu addysg strwythuredig i gleifion. Yn benodol, roedd y meysydd gwan hynny'n ymwneud â:
    - Darparu addysg strwythuredig a chynhwysfawr i gleifion sydd â diabetes, fel sy'n ofynnol gan Ganllawiau Arfarnu Technoleg y Sefydliad Cenedlaethol dros Iechyd a Rhagoriaeth Glinigol;
    - Darparu hyfforddiant ar gyfer staff i gefnogi'r gwaith o gynllunio gofal wedi'i bersonoli;
    - Rhannu gwybodaeth yn effeithiol rhwng pawb sy'n darparu gofal diabetes;
    - Cynnwys y claf wrth ddatblygu a gweithredu cynlluniau gofal wedi'u personoli;
    - Archwilio gofal diabetes yn effeithiol, yn enwedig cymhlethdodau sy'n deillio o ddiabetes;
    - Gweithredu prosesau effeithiol ar gyfer cleifion mewnol er mwyn ymdrin â chleifion sydd â diabetes; yn benodol, sicrhau mynediad i ofal amlddisgyblaethol; a
    - Darparu addysg strwythuredig i gleifion mewn modd effeithiol.

    Caiff y camau gweithredu sydd ar waith ar hyn o bryd i fynd i'r afael â'r meysydd hyn eu nodi yn yr adran nesaf.

19. Yn ogystal â rhoi gwybodaeth hanfodol am weithredu'r Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes, a thynnu sylw at gamau gweithredu allweddol y mae angen i Fyrddau Iechyd Lleol eu cwblhau dros y ddwy flynedd nesaf, nododd yr adolygiad y sylfaen ar gyfer datblygu gofal diabetes ymhellach yng Nghymru.

Cymorth cyfredol i weithredu'r Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes a chanllawiau'r Sefydliad Cenedlaethol dros Iechyd a Rhagoriaeth Glinigol

Archwiliad Diabetes Cenedlaethol

20. Ers 2007, mae Byrddau Iechyd Lleol wedi cymryd rhan yn yr Archwiliad Diabetes Cenedlaethol, sef yr archwiliad mwyaf yn y byd a gyhoeddir, sy'n eu galluogi i gymharu'r modd y maent hwy'n darparu gofal diabetes â'r

modd y mae darparwyr eraill yng Nghymru a Lloegr yn ei ddarparu. Mae'r Archwiliad Diabetes Cenedlaethol yn cynnwys data gan gyfranogwyr ym maes gofal sylfaenol a gofal eilaidd, ac mae'n darparu gwybodaeth gyffredinol, ddilyniannol a chymharol ar lefel meddygon teulu, ysbytai, Ymddiriedolaethau Gofal Sylfaenol a Byrddau Iechyd Lleol, ac ar lefel ranbarthol a chenedlaethol. Mae'r Archwiliad Diabetes Cenedlaethol hefyd yn llunio adroddiadau sy'n seiliedig yn gyfan gwbl ar ddata o unedau pediatrig arbenigol sy'n darparu gofal i blant a phobl ifanc sydd â diabetes.

21. Mae cyfranogiad Cymru yn y broses archwilio wedi bod yn gwella, ac mae dros 80% o feddygon teulu wedi ymrwymo i gymryd rhan yn yr archwiliad a gynhelir eleni o Ofal Sylfaenol ym maes Diabetes. Bydd y lefel sylweddol hon o gyfranogiad yn yr Archwiliad Diabetes Cenedlaethol yn rhoi data cymharol i ddarparwyr gofal diabetes yng Nghymru am y modd y caiff eu gwasanaethau eu darparu yn erbyn safonau'r Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes a chanllawiau'r Sefydliad Cenedlaethol dros Iechyd a Rhagoriaeth Glinigol.

Rhannu gwybodaeth a TG

22. Mae Gwasanaeth Gwybodeg GIG Cymru wrthi'n cwblhau cynlluniau ynghylch datblygu system genedlaethol integredig ar gyfer rheoli cleifion sydd â diabetes, a fydd yn darparu mynediad amserol i wybodaeth glinigol gywir a chyfredol sy'n allweddol o safbwynt rheoli pobl sydd â diabetes yn effeithlon ac yn effeithiol a sicrhau dull effeithiol o gynllunio a darparu gwasanaethau yn y GIG.

<u>Cefnogi gofal diabetes drwy weithgarwch ym maes iechyd y cyhoedd</u>

Diabetes a gordewdra, deiet a gweithgarwch corfforol

23. Dangoswyd bod camau syml o ran ffordd o fyw'n effeithiol o safbwynt atal diabetes math 2 neu ohirio'r adeg y bydd yn dechrau. Mae'r camau hynny'n cynnwys:
    - sicrhau a chynnal pwysau iach;
    - bod yn gorfforol weithgar;
    - bwyta deiet iach.
24. Ers 2007, rydym wedi gweld cyfraddau gordewdra sy'n codi yn arafu. Fodd bynnag, ni ddylem fodloni ar hynny. Mae angen i ni gadw'r momentwm i fynd er mwyn atal miloedd o oedolion a phlant rhag gorfod wynebu iechyd sy'n dirywio ac ansawdd bywyd is, ac atal y llywodraeth rhag gorfod wynebu costau cynyddol o safbwynt iechyd a gofal cymdeithasol. Y prif ffactor risg y mae modd ei osgoi, o safbwynt diabetes math 2, yw bod yn rhy drwm neu'n ordew. Mae nifer o bolisïau a rhaglenni ar waith.

25. Mae **Llwybr Gordewdra Cymru Gyfan** wedi'i ddatblygu sy'n nodi dull haenog o atal a thrin gordewdra, o waith atal yn y gymuned ac ymyrraeth gynnar i wasanaethau meddygol a llawfeddygol arbenigol. Mae Cyfarwyddwyr Therapïau a Gwyddor Iechyd a Chyfarwyddwyr Iechyd Cyhoeddus, drwy gydweithio ag awdurdodau lleol a rhanddeiliaid

allweddol eraill, wedi mapio polisïau, gwasanaethau a gweithgarwch lleol ar gyfer plant ac oedolion ar sail pedair haen o ymyrraeth. Maent wedi nodi bylchau ac maent wrthi'n rhoi atebion lleol ar waith.

26. Lansiwyd ymgyrch marchnata cymdeithasol **Newid am Oes Cymru** ym mis Mawrth 2010 yn rhan o ymateb ehangach Llywodraeth Cymru i helpu pobl Cymru i sicrhau a chynnal pwysau iach, bwyta'n dda, symud mwy a byw'n hirach. Yr amcan cyffredinol yw annog a chynorthwyo teuluoedd ac oedolion i wneud newidiadau bach a graddol i'w ffordd o fyw, o safbwynt eu deiet a'u lefelau gweithgarwch corfforol, er mwyn lleihau'r risg o ddioddef y canlyniadau negyddol sy'n deillio o fod yn rhy drwm. Mae hefyd yn targedu oedolion â negeseuon am alcohol. Mae dros 43,000 o deuluoedd ac oedolion wedi cofrestru ar gyfer y rhaglen hyd yma.

27. Mae pecyn cynhwysfawr o raglenni gwella iechyd ar waith i gynorthwyo pobl i fwyta'n iach a bod yn gorfforol weithgar. Mae'r rhain yn cynnwys:
    - Cynllun Atgyfeirio Cleifion i Wneud Ymarfer Corff Cymru, sy'n galluogi meddygon teulu i atgyfeirio cleifion sydd mewn perygl, gan gynnwys y sawl sydd â diabetes. Mae protocolau ar gyfer cleifion sydd â diabetes a chleifion sy'n ordew wedi'u datblygu, ac mae hyfforddiant ychwanegol wedi'i ddarparu i hyfforddwyr.
    - Cyllido Byrddau Iechyd Lleol i gynyddu capasiti deietegol yn y gymuned, drwy ddefnyddio arbenigedd deietegydd i hyfforddi a datblygu gweithwyr cymunedol a / neu addysgwyr cyfoed, a gwirfoddolwyr sy'n gweithio gyda phlant a phobl ifanc a phobl hŷn yn y gymuned, ynghylch sgiliau bwyd a maeth.
    - MEND, sef rhaglen gymunedol sy'n seiliedig ar y teulu, ar gyfer plant rhwng 5 a 13 oed sy'n rhy drwm ac yn ordew a'u teuluoedd. Mae'r rhaglen amlddisgyblaethol yn rhoi'r un pwyslais ar fwyta'n iach, gwneud gweithgarwch corfforol a newid ymddygiad, grymuso'r plentyn, meithrin hunanhyder a sicrhau datblygiad personol.

<u>Cyfeiriad ar gyfer gofal diabetes yng Nghymru yn y dyfodol</u>

Cynllun Cyflawni ar gyfer Diabetes:

28. Fel yr amlinellwyd yn Law yn Llaw at Iechyd: Gweledigaeth 5 mlynedd ar gyfer y Gwasanaeth Iechyd Gwladol yng Nghymru, y bwriad yw sicrhau dull gweithredu sy'n canolbwyntio mwy ar ganlyniadau ym mhob prif faes gwasanaeth, drwy gyfrwng cynlluniau cyflawni ar gyfer gwasanaethau. Gan ddefnyddio gwaith y Grŵp Gorchwyl a Gorffen arbenigol a sefydlwyd gan y cyn-Weinidog dros Iechyd a Gwasanaethau Cymdeithasol, mae Llywodraeth Cymru wrthi'n datblygu Cynllun Cyflawni ar gyfer Diabetes i lywio ac arwain gweithgarwch Byrddau Iechyd Lleol ar gyfer y cyfnod hyd at 2016. Bydd y Cynllun Cyflawni ar gyfer Diabetes at ddibenion GIG Cymru yn egluro ymrwymiadau newydd Llywodraeth Cymru i'r cyhoedd o safbwynt gofal diabetes yng Nghymru, a bydd o gymorth i fodloni'r safonau gwasanaeth a nodwyd yn y Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes. Caiff y Cynllun Cyflawni ar gyfer Diabetes ei gyhoeddi at ddibenion ymgynghori ddiwedd eleni, a bydd yn mynd i'r afael ag ymrwymiadau'r Llywodraeth hon ar gyfer gofal diabetes hyd at 2016.

29. Pennodd y Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes nifer o safonau ar gyfer gofal diabetes, sy'n dal yn berthnasol, a nod Llywodraeth Cymru o hyd yw gweithredu'r rhain yn llawn erbyn 2013. Yn dilyn adolygiad Llywodraeth Cymru o gynnydd yn ystod 2010/11, cydnabu y byddai sicrhau bod y Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes wedi ei weithredu'n llawn ledled Cymru erbyn 2013 yn anodd iawn. Bydd y Cynllun Cyflawni ar gyfer Diabetes yn ailgadarnhau ymrwymiad Llywodraeth Cymru i gyrraedd y safonau a nodwyd yn y Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes, a thrwy sefydlu grŵp gweithredu Cymru gyfan i ddarparu arweinyddiaeth glir a chanolbwyntio ar sicrhau canlyniadau mesuradwy i gleifion, bydd yn ceisio adfywio'r broses o gyrraedd y safonau allweddol hynny.

30. Yn ogystal ag ailddatgan ymrwymiad y Llywodraeth hon i weithredu'r Fframwaith Gwasanaeth Cenedlaethol ar gyfer Diabetes, canllawiau'r Sefydliad Cenedlaethol dros Iechyd a Rhagoriaeth Glinigol ac argymhellion yr Archwiliad Diabetes Cenedlaethol, bydd y ddogfen yn ceisio mynd i'r afael ymhellach â'r meysydd gwan a nodwyd yn yr adolygiad o ddiabetes yn 2010/11.

31. Bydd y cynllun cyflawni yn cyflwyno strwythur monitro newydd a gaiff ei ategu gan set fach o ddangosyddion canlyniadau o ran y boblogaeth a mesurau perfformiad y GIG, y bwriedir iddynt fesur effeithiolrwydd gofal diabetes a'i effaith ar iechyd yng Nghymru.

32. I gefnogi'r gwaith o weithredu a monitro'r Cynllun Cyflawni ar gyfer Diabetes, dyma fydd cylch gorchwyl Grŵp Gweithredu Diabetes Cymru Gyfan:
    - Darparu dull cydgysylltiedig ar gyfer Cymru gyfan o gefnogi GIG Cymru;
    - Hwyluso gwaith rhannu a chyhoeddi arfer gorau ledled Cymru;
    - Adnabod cyfyngiadau ac atebion i broblemau clinigol a gweithredol penodol;
    - Darparu gwybodaeth i Lywodraeth Cymru am faterion lleol ac am gynnydd tuag at weithredu'r cynllun.

33. Yn rhan o'r cynllun cyflawni, bydd Grŵp Gweithredu Diabetes Cymru Gyfan yn cael ei sefydlu i ddarparu arweinyddiaeth a goruchwyliaeth gadarn a chydgysylltiedig a chydlynu camau gweithredu mewn modd strategol.

34. Agwedd allweddol ar y cynllun cyflawni fydd canolbwyntio ar sicrhau bod y claf wrth wraidd y modd y caiff gwasanaethau eu darparu, a chynnig addysg strwythuredig. Dylai addysg strwythuredig i gleifion fod ar gael i bawb sydd â diabetes pan gânt eu diagnosio gyntaf, ac yna'n barhaus fel sy'n ofynnol, ar sail asesiad ffurfiol a rheolaidd o angen.

35. Mae Llywodraeth Cymru yn ymwybodol bod nifer y bobl sy'n manteisio ar addysg strwythuredig yng Nghymru ar hyn o bryd yn fach, ac mae angen

gweithredu i sicrhau bod yr elfen hanfodol hon o ofal diabetes yn cael ei chyflawni'n effeithiol.

Atodiad

National Service Framework for Diabetes in Wales

Standards table

Prevention of Type 2 diabetes	Standard 1 The NHS will develop, implement and monitor strategies to reduce the risk of developing Type 2 diabetes in the population as a whole and to reduce the inequalities in the risk of developing Type 2 diabetes.
Identification of people with diabetes	Standard 2 The NHS will develop, implement and monitor strategies to identify people who do not know they have diabetes.
Empowering people with diabetes	Standard 3 All children, young people and adults with diabetes will receive a service which encourages partnership in decision-making, supports them in managing their diabetes and helps them to adopt and maintain a healthy lifestyle. This will be reflected in an agreed and shared care plan in an appropriate format and language. Where appropriate, parents and carers should be fully engaged in this process.
Clinical care of adults with diabetes	Standard 4 All adults with diabetes will receive high-quality care throughout their lifetime, including support to optimise the control of their blood glucose, blood pressure and other risk factors for developing the complications of diabetes.
Clinical care of children and young people with diabetes	Standard 5 All children and young people with diabetes will receive consistently high-quality care and they, with their families and others involved in their day-to-day care, will be supported to optimise the control of their blood glucose and their physical, psychological, intellectual, educational and social development.
	Standard 6 All young people with diabetes will experience a smooth transition of care from paediatric diabetes services to adult diabetes services, whether hospital or community-based, either directly or via a young people's clinic. The transition will be organised in partnership with each individual and at an age appropriate to and agreed with them.
Management of diabetic emergencies	Standard 7 The NHS will develop, implement and monitor agreed protocols for rapid and effective treatment of diabetic emergencies by appropriately trained health care professionals. Protocols will include the management of acute complications and procedures to minimise the risk of recurrence.
Care of people with diabetes during admission to hospital	**Standard 8** All children, young people and adults with diabetes admitted to hospital, for whatever reason, will receive effective care of their diabetes. Wherever possible, they will continue to be involved in decisions concerning the management of their diabetes.
Diabetes and pregnancy	Standard 9 The NHS will develop, implement and monitor policies that seek to empower and support women with pre-existing diabetes and those who develop diabetes during pregnancy to optimise the outcomes of their pregnancy.
Detection and management of long-term complications	Standard 10 All young people and adults with diabetes will receive regular surveillance for the long-term complications of diabetes.
	Standard 11 The NHS will develop, implement and monitor agreed protocols and systems of care to ensure that all people who develop long-term complications of diabetes receive timely, appropriate and effective investigation and treatment to reduce their risk of disability and premature death.
	Standard 12 All people with diabetes requiring multi-agency support will receive integrated health and social care.

Y Pwyllgor Iechyd a Gofal Cymdeithasol

HSC(4)-32-12 papur 5

Cynnig i sefydlu is-bwyllgor i ystyried Rheoliadau Mangreoedd etc. Di-fwg (Cymru) (Diwygio) 2012 – Nodyn Gweithdrefnol

1. Mae Aelodau yn ymwybodol o ohebiaeth gan y Gweinidog Cyllid ac Arweinydd y Tŷ sy'n gofyn i Gadeiryddion y Pwyllgor Menter a Busnes a'r Pwyllgor Iechyd a Gofal Cymdeithasol i drafod tystiolaeth bellach ar Reoliadau Mangreoedd etc. Di-fwg (Cymru) (Diwygio) 2012.

Cefndir

2. Cafodd Rheoliadau Mangreoedd etc. Di-fwg (Cymru) (Diwygio) 2012 eu gosod ddydd Mercher 18 Gorffennaf 2012. Mae'r ddadl ar y rheoliadau hyn wedi cael ei gohirio fel y gall y Pwyllgor Menter a Busnes a'r Pwyllgor Iechyd a Gofal Cymdeithasol drafod y dystiolaeth unwaith eto.

3. Mae'r Gweinidog Cyllid ac Arweinydd y Tŷ wedi gwahodd y ddau Bwyllgor i gwrdd mewn sesiwn gyda'i gilydd i gymryd tystiolaeth a chhoeddi un adroddiad ar eu canfyddiadau. Nid yw'r Rheolau Sefydlog yn darparu ar gyfer sefydlu cyd-bwyllgor nac yn caniatàu i bwyllgorau gyfarfod ar y cyd. Fodd bynnag, o dan Reol Sefydlog 17.53, gall pwyllgorau'r Cynulliad *gydredeg*. Yn ymarferol, mae hyn yn galluogi mwy nag un pwyllgor i glywed yr un dystiolaeth tra byddant yn parhau i gael eu creu fel endidau ar wahân.

4. Mae'r ddau bwyllgor wedi cytuno[1] i wneud y gwaith hwn ar yr un pryd ac nad yw'n ymarferol nac yn gymesur disgwyl i'r 20 Aelod gymryd rhan. Gwahoddwyd y ddau bwyllgor, heddiw, i sefydlu is-bwyllgorau gyda phum aelod yr un. Bydd y ddau is-bwyllgor yn cydweithio i chwilio am dystiolaeth ac yn cyhoeddi eu canfyddiadau mewn un adroddiad. Bydd yr is-bwyllgorau'n cael eu diddymu ar ôl i'r rheoliadau gael eu hystyried gan y Cynulliad yn y Cyfarfod Llawn.

5. Mae Rheol Sefydlog 17.17 yn ei gwneud yn ofynnol bod yn rhaid i benderfyniad i sefydlu is-bwyllgor bennu ei aelodaeth, ei gadeirydd, ei gylch gorchwyl a'i gyfnod.

Cam i'w gymryd

6. Gwahoddir y Pwyllgor i gytuno ar y cynnig a ganlyn:

Bod y Pwyllgor yn penderfynu, o dan Reol Sefydlog 17.17, sefydlu is-bwyllgor i gymryd tystiolaeth ar Reoliadau Mangreoedd etc. Di-fwg (Cymru) (Diwygio) 2012;

mai cylch gwaith yr is-bwyllgor hwnnw yw cymryd tystiolaeth, ar yr un pryd â'r is-bwyllgor a sefydlwyd gan y Pwyllgor Menter a Busnes ar Reoliadau Mangreoedd etc. Di-fwg (Cymru) (Diwygio) 2012. Bydd yr is-bwyllgor yn ceisio cytuno ar gynnwys

[1] Ystyriodd y ddau bwyllgor y mater ar 17 Hydref 2012.

adroddiad a lunnir ar y cyd â'r is-bwyllgor a sefydlwyd gan y Pwyllgor Menter a Busnes er mwyn llywio trafodaethau'r Cynulliad ar y rheoliadau. Bydd yr Is-bwyllgor yn cael ei ddiddymu unwaith y bydd y Cynulliad wedi trafod y rheoliadau yn y Cyfarfod Llawn;

bod aelodaeth yr is-bwyllgor yn cynnwys Mark Drakeford AC, Vaughan Gething AC, Elin Jones AC, Darren Millar AC a Lynne Neagle AC, gyda Mark Drakeford AC wedi'i ethol yn Gadeirydd.

Cwestiynau cyffredin:

Pam mae dau is-bwyllgor yn cael eu sefydlu?

Gweler paragraffau 3 a 4 uchod.

Pam yr ymgynghorwyd â'r grwpiau plaid ynghylch yr enwebiadau ar gyfer yr is-bwyllgorau?

Nid oes gofyniad o dan Reol Sefydlog 17.17 i is-bwyllgorau adlewyrchu'r cydbwysedd rhwng y pleidiau, a mater i'r ddau bwyllgor perthnasol yw penderfynu ar aelodaeth a chadeiryddion yr is-bwyllgorau. Fodd bynnag, oherwydd natur y gwaith craffu ar y cyd, a darpariaethau Rheol Sefydlog 17 mewn perthynas â'r cydbwysedd rhwng y grwpiau gwleidyddol, gwahoddwyd y grwpiau i enwebu aelodau ar gyfer yr is-bwyllgorau sydd â phum aelod yr un mewn ffordd a fydd yn arwain at gydbwysedd pleidiol (hynny yw, pum aelod Llafur, dau aelod o'r Ceidwadwyr Cymreig, dau aelod Plaid Cymru ac un aelod o'r Democratiaid Rhyddfrydol). Mae'r grwpiau bellach wedi hysbysu'r clercod ynghylch yr enwebiadau ar gyfer y ddau is-bwyllgor.

Pam mae'r ddau bwyllgor yn ethol cadeiryddion yr is-bwyllgorau?

Bydd y ddau is-bwyllgor sydd â phum aelod yr un yn endidau ar wahân a bydd y naill a'r llall yn adrodd yn ôl i'w riant-bwyllgor. Gan hynny, bydd gan y ddau is-bwyllgor eu cadeiryddion eu hunain, fel sy'n ofynnol o dan Reol Sefydlog 17.17.

Pwy fydd yn cadeirio cyfarfodydd y ddau is-bwyllgor sy'n cydredeg?

Mater i gadeiryddion y ddau is-bwyllgor fydd penderfynu ymysg ei gilydd pwy sy'n cadeirio'r cyfarfodydd sy'n cydredeg, a hysbysu'r clercod ynghylch hynny. Bydd Cadeiryddion yr is-bwyllgorau a enwebyd yn cadeirio'r cyfarfodydd sy'n cydredeg am yn ail, a hynny ar sail eu penderfyniad hwy.

Sut y cytunir ar ganlyniadau'r cyfarfodydd sy'n cydredeg?

Y 10 aelod fydd yn penderfynu ar ganlyniadau'r cyfarfodydd sy'n cydredeg pan fyddant yn cwrdd. Bydd unrhyw adroddiadau yn cael eu cyfeirio yn ôl i'w rhiant-bwyllgor i'w gadarnhau yn unol â Rheol Sefydlog 17.19.

Beth yw'r amserlen ar gyfer y gwaith?

Bydd y ddau is-bwyllgor yn cwrdd ar yr un pryd ddydd Mercher 5 Rhagfyr i drafod y cylch gorchwyl, ymgynghoriad ysgrifenedig, rhestr o dystion ac amserlen dros dro, ac i gytuno arnynt. Mewn llythyr, dyddiedig 5 Tachwedd, nododd y Gweinidog, o ystyried faint o ddiddordeb a ddangoswyd yn yr ymchwiliad o fewn y Senedd, a thu hwnt, y byddai'n ddefnyddiol iawn cwblhau'r gwaith cyn gynted â phosibl. Caiff yr holl gyfnodau sydd ar gael yn yr amserlen fusnes eu hystyried yn gyfnodau posibl i'r is-bwyllgorau gymryd tystiolaeth a chytuno ar adroddiad cyn gynted â phosibl yn ystod tymor y gwanwyn.

Gwasanaeth y Pwyllgorau
Tachwedd 2012

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:	**Ystafell Bwyllgora 1 – Y Senedd**
Dyddiad:	**Dydd Mercher, 21 Tachwedd 2012**
Amser:	**09:15 – 12:00**

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Gellir gwylio'r cyfarfod ar Senedd TV yn:
http://www.senedd.tv/archiveplayer.jsf?v=cy_200000_21_11_2012&t=0&l=cy

Cofnodion Cryno:

Aelodau'r Cynulliad:	**Mark Drakeford (Cadeirydd)** **Mick Antoniw** **Rebecca Evans** **Vaughan Gething** **William Graham** **Elin Jones** **Darren Millar** **Lynne Neagle** **Lindsay Whittle**
Tystion:	**Dr Sharon Hopkins, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro** **Dr David Minton, Bwrdd Iechyd Aneurin Bevan** **Dr Leo Pinto, Bwrdd Iechyd Aneurin Bevan** **Dr Hugo van Woerden, Iechyd Cyhoeddus Cymru**
Staff y Pwyllgor:	**Llinos Dafydd (Clerc)** **Catherine Hunt (Dirprwy Glerc)** **Stephen Boyce (Ymchwilydd)** **Philippa Watkins (Ymchwilydd)**

1. Ymchwiliad i Ofal Preswyl ar gyfer Pobl Hŷn – Trafod yr adroddiad drafft

1.1 Trafododd a chytunodd y Pwyllgor yr adroddiad drafft.

2. Cyflwyniad, ymddiheuriadau a dirprwyon

2.1 Cafwyd ymddiheuriadau oddi wrth Kirsty Williams. Nid oedd dirprwyon.

3. Ymchwiliad i'r gwaith o weithredu'r fframwaith gwasanaeth cenedlaethol ar gyfer diabetes yng Nghymru a'i ddatblygiad yn y dyfodol – Tystiolaeth lafar

Byrddau iechyd

3.1 Bu'r tystion yn ymateb i gwestiynau oddi wrth Aelodau'r Pwyllgor.

3.2 Cytunodd Dr Hopkins i roi gwybodaeth ysgrifenedig am y camau penodol y byddai'n argymell eu cymryd i atal diabetes a'i gymhlethdodau.

Iechyd Cyhoeddus Cymru a 1000 o Fywydau a Mwy

3.3 Ymatebodd Dr van Woerden i gwestiynau oddi wrth Aelodau'r Pwyllgor.

4. Papurau i'w nodi

Llythyr gan y Dirprwy Weinidog Plant a Gwasanaethau Cymdeithasol – Trefniadau am ofal iechyd parhaus y Gwasanaeth Iechyd Gwladol

4.1 Nododd y Pwyllgor y llythyr.

Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ar y Bil Trawsblannu Dynol (Cymru)

4.2 Nododd y Pwyllgor y llythyr.

TRAWSGRIFIAD
Gweld trawsgrifiad o'r cyfarfod.

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:	**Ystafell Bwyllgora 1 – Y Senedd**
Dyddiad:	**Dydd Mercher, 21 Tachwedd 2012**
Amser:	**09:15 – 12:00**

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Gellir gwylio'r cyfarfod ar Senedd TV yn:
http://www.senedd.tv/archiveplayer.jsf?v=cy_200000_21_11_2012&t=0&l=cy

Cofnodion Cryno:

Aelodau'r Cynulliad:	**Mark Drakeford (Cadeirydd)** **Mick Antoniw** **Rebecca Evans** **Vaughan Gething** **William Graham** **Elin Jones** **Darren Millar** **Lynne Neagle** **Lindsay Whittle**
Tystion:	**Dr Sharon Hopkins, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro** **Dr David Minton, Bwrdd Iechyd Aneurin Bevan** **Dr Leo Pinto, Bwrdd Iechyd Aneurin Bevan** **Dr Hugo van Woerden, Iechyd Cyhoeddus Cymru**
Staff y Pwyllgor:	**Llinos Dafydd (Clerc)** **Catherine Hunt (Dirprwy Glerc)** **Stephen Boyce (Ymchwilydd)** **Philippa Watkins (Ymchwilydd)**

1. Ymchwiliad i Ofal Preswyl ar gyfer Pobl Hŷn – Trafod yr adroddiad drafft

1.1 Trafododd a chytunodd y Pwyllgor yr adroddiad drafft.

2. Cyflwyniad, ymddiheuriadau a dirprwyon

2.1 Cafwyd ymddiheuriadau oddi wrth Kirsty Williams. Nid oedd dirprwyon.

3. Ymchwiliad i'r gwaith o weithredu'r fframwaith gwasanaeth cenedlaethol ar gyfer diabetes yng Nghymru a'i ddatblygiad yn y dyfodol – Tystiolaeth lafar

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4.2 Nododd y Pwyllgor y llythyr.

TRAWSGRIFIAD
Gweld trawsgrifiad o'r cyfarfod.